

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

A Case of Labour, in which the Rupture of the Membranes, and Reclosure of the Os Uteri occurred ten hours after its commencement. By JOSEPH PARRISH, M. D.—On the 16th of May last, I was requested to see a lady in her fourth confinement. I had visited her several times during the month or two previously, and discovered nothing unusual in her symptoms. She is a lady of refinement, of intellectual and physical development—strongly sensitive to mental emotion and bodily pain. On the day of her lying-in, my first visit was about six o'clock in the morning. The pains were short, sharp, and distinct. On examination by the touch, the os uteri was found but slightly dilated. I encouraged my patient to be cheerful and hopeful, and left her for a few hours. At 9 o'clock, the os was found to be dilated still more, and the membranes occupying the space embraced by its circumference. The pains were more severe, and confined principally to the pubic region. At 3 P. M. the dilatation had progressed, perhaps to the extent of an inch and a half, in the diameter of the os uteri; the vaginal walls were well relaxed, and abundantly supplied with their mucous secretion. My patient had taken ether in her last labour, under the direction of the late lamented Dr. Samuel McClellan, and desired very much to have it again. Finding no contraindication to its use, present in her case, and having frequently administered it with advantage in other cases, she commenced the inhalation of it, a little after three o'clock, by means of a funnel, or nest-shaped towel applied to the mouth and nostrils. At this time, all that seemed necessary to afford speedy relief, was the relaxation of the rigid os uteri, the pelvis being ample, and the vagina well lubricated and distended; hence, I was led to anticipate a favourable termination of the case soon after the complete yielding of the system to the anæsthetic influence of the ether. The moment anæsthetization was accomplished, a strong uterine effort commenced, accompanied by the discharge of the liquor amnii. Hearing the waters gush from the womb, I made an examination immediately, expecting to find that the constricted neck had given way, and that the head was already engaging in the inferior strait. But, to my surprise, I could neither find the presenting part of the fetus, nor could I reach the margin of the womb. In vain did I attempt for several minutes to digitate its locality, and finding myself in a doubtful place, I determined to wait until nature might be kind enough to reveal to me this trick of her fancy, such as she had never shown me before.

The labour was now more energetic, and somewhat painful, though considerably modified by the ether; another examination revealed only a confirmation of the previous one; and as I could not "discover hidden things out of darkness," I rested yet longer in the confidence that there would be a safe termination, for the uterine efforts seemed to be vigorous, and I could feel the muscular efforts of the little prisoner, as it was writhing beneath the abdominal integuments, in seeming resistance to the fitful throes of the organ that held it. Trying to impart to the patient a measure of the same kind of trust, without informing her further upon the subject, I waited and wondered, until

again pressing my finger to the extent of its capacity, there was felt just at its point what was supposed to be the closed os uteri. Still waiting and hoping, a few minutes more convinced me that with the sudden effort of the womb, that wrung the membranes so as to rupture them, the os uteri was closed by a strong spasmodic effort, and the presenting part of the fœtus driven back again into the body of the womb. Attributing this peculiar, and (to me) entirely novel phenomenon, to irregular action of the uterine fibres—to *clonic* spasm—I administered a teaspoonful of a camphorated solution of morphia, with a view of arresting the spasmus, and allowing the dilating and expulsive forces to be properly exercised. At this time the rigid and indurated os uteri was felt by the finger, closed and firm. In about half an hour, the rigidity gave way, the dilatation answered readily to every pain, and in less than half an hour more, a living, healthy child was born.

The peculiarities of this case are these: Ten hours were occupied with slow, yet constantly progressing dilatation. Immediately upon the presentation of the great relaxant, ether, the dilatation ceased, and the womb shut up its mouth. It remained closed nearly three hours, and then suddenly expanded, and allowed the child to be born. The danger in the case was, in the greater measure, on the side of the child; it was robbed of its liquor amnii, and was subjected, for several hours, to the irregular pressure of an irritable womb, causing not a little apprehension of its death. In taking a retrospect of the case, the suggestion is naturally presented to the mind, that there may have been a spontaneous evolution of the fœtus. If the head had been fairly engaged with the membranes, and the contained liquid within the circumference of the os, it might not have returned so readily, as the presenting portion seems to have done in the instance before us, upon the evacuation of the waters. Perhaps the shoulder, or some other portion of the trunk—or, it may have been the breech—presented, and was, with the sudden closure of the outlet, and by the same effort, turned upon itself, and the head brought down in the second position of the vertex. My obstetrical reading has not furnished a record of a similar example that I can call to mind; and my obstetrical practice has not given me the opportunity of making such observations as have marked the history of the one just narrated. The reason for making it public is simply to add what may be useful or interesting to the records of science.

Philadelphia, June, 1854.

Hemorrhage from the Bowels in a new-born Infant—Recovery—By W. B. YOUNG, M. D., of Middleton, Md.—I notice, in the January number of this Journal, the report of a fatal case of hemorrhage, from the bowels of a new-born infant; and as I have had a similar case, in which the result was favourable, and which I attribute to a different course of treatment, I am induced to offer an account of it.

On the 18th Nov., 1853, I was requested to attend Mrs. R., in her third confinement; her labour was easy and of less duration than her previous ones, and without any difficulty whatever. The child was born in the full term of utero-gestation, and was considerably smaller than its predecessors; it was a female, and although of a delicate appearance, was considered a healthy child. Its bowels were sufficiently active without medicine, and its dejections were of the usual appearance until the expiration of forty-eight hours from birth, when it had frequent and most profuse discharges of blood. The attendants supposed that there could not be less than a quart of blood discharged. I estimated less than that quantity, but could not determine precisely the